

TOWNSEND and TOWNSEND
 Steuart Street Tower
 One Market Plaza
 San Francisco, CA 94105
 (415) 326-2400



Atty. Docket No.: 2307U-237-3 / 86-308-4

RECEIVED

Date:

July 21, 1992

AUG 7 1992

In re application of **JANET K. YAMAMOTO et al.**

Serial No. **07/739,014**

Filed **July 31, 1991**

Group Art Unit **1813**

For: **METHODS AND COMPOSITIONS FOR
 VACCINATING AGAINST FELINE
 IMMUNODEFICIENCY VIRUS**

GROUP 180
 I hereby certify that this is being deposited on the above date
 with the United States Postal Service as first class mail in an
 envelope addressed to: Commissioner of Patents and
 Trademarks, Washington, D. C. 20231.

Susan L. Kleinman
 Susan L. Kleinman

THE COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Enclosed is a petition to extend time to respond.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ Declaration of Janet K. Yamamoto w/Exhibit A.

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	*	MINUS	**	=	x10=	\$		x20=	\$
INDEP.	*	MINUS	***	=	x36=	\$		x72=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+110=	\$		+220=	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL	\$

* If the in Col. 1 is less than the entry in Col. 2,
 write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent
 box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge my Deposit Account No. 20-1430 as follows:

☐ Claims fee

☒ Any additional fees associated with this paper

\$ _____

2 copies of this sheet are enclosed.

TOWNSEND & TOWNSEND

James M. Heslin
 James M. Heslin
 Reg. No. 29,541